

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

I Reporting Information

Year: 2013

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

HAND DELIVERED

RECEIVED JUL 15 2013

II Client Information

Name: GlobalFoundries US, Inc.

Permanent Business Address: 400 Stone Break Rd. Ext.

City: Malta

State: NY

ZIP code: 12020

Phone: 518-305-9023

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Hiscock & Barclay

Entity Address: 300 South State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: Will

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Bldg., Room 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s): Legal Services

Compensation (Actual or Anticipated): \$ 207,675 .00

Expenses (Actual or Anticipated): \$ 2,383 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 210,058 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

DATE:

PRINT NAME: LAST Russo

FIRST Michael

Mark One:

☒ Chief Administrative Officer

☐ Designee(Attach Letter)